DOCUMENT RESUME

ED 134 846 CG 011 000

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TITLE A Review of the Literature Related to Family Therapy in the Black Community.
PUB DATE 6 Mar 76
NOTE 12p.; For related documents, see CG 010 893 and 011 001; Paper presented at the Annual Meeting of the American Orthopsychiatric Association (Atlanta, Georgia, March 6, 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Black Community; *Family Counseling; Literature Reviews; Psychotherapy; *Socialization; Social Mobility; *Sociocultural Patterns; *Socioeconomic Influences; Speeches; State of the Art Reviews; Theories

ABSTRACT

The multifaceted cultural dimensions of Black families are not fully taken into account in literature used by family therapists. To illustrate this deficiency, the author seeks to (1) review how Black families in general have been heretofore viewed in literature, (2) examine the special stresses faced by Blacks, at all financial levels, as they cope with racism and differing economic status in their attempt to maintain stability while moving up the economic and social ladders, (3) explore theories of social mobility and the role that the extended family structure plays in Black families, and (4) begin to explore the practical implications of therapeutic approach to social science research for the practitioners. (Author)

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A REVIEW OF THE LITERATURE RELATED TO FAMILY THERAPY IN THE BLACK COMMUNITY

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Presented at the Annual Meeting of the
American Orthopsychiatric Association
Atlanta, Georgia
March 6, 1976

CG011000

A Review of the Literature Related to Family Therapy in the Black Community

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Family therapy is used and intended to help family members increase their strengths of coping collectively with unusual stresses. However, the very premises upon which family therapy is built, as it pertains to Black families, may be falacious. In the process of defining the family therapy model, it is necessary that the total Black denomination be considered and not a fragmentized version meant to represent the whole. A glance at current literature reveals a dependence upon a misleading stereotyped Black family to form the basic hypotheses upon which the studies are founded. This results in false impressions of the Black family picture.

The multifaceted cultural dimensions of Black families are not fully taken into account in literature used by family therapists. To illustrate this deficiency I'd like to (1) review how Black families in general have been heretofore viewed in literature, (2) examine the special stresses faced by Blacks, at all financial levels, as they cope with racism and differing economic status in their attempt to maintain stability while moving up the economic and social ladders, (3) explore theories of social mobility and the role that the extended family structure plays in Black families, and (4) begin to explore the practical implications of therapeutic approach to social science research for the practitioners.

Though it is common knowledge to many of us, I would like to give a brief historical overview of the treatment of the Black family as it has been shown in research and conceptual literature.

Socialization is the process of adaption or conversion of an individual's behavior to that which is acceptable to the systems and institutions of the community as defined by his group (Inkles, 1965). The socialized person is expected to behave in culturally approved ways, according to the values of the major educational, economic, social, political, and religious institutions of his community. Each of these institutions contributes to the prevailing value system through which behavior is accepted or not. The newborn child enters a pre-established microcommunity to which he must adapt. This microcommunity or family is the basic socializing influence with which he comes in contact. Within this context he is provided with models for imitation of behavior and with goals and aspirations for what is considered to be a productive life. Although the child's behavior is molded by this microcommunity or family, little attention to these basic behavior modifiers is given in literature. Yet this same literature influences the theories, social service practices and therapy support programs that have impacted Black families.

Much research has been conducted on Black families, a large majority of it concentrating on the low income and most oppressed Blacks, with an attempt to describe and analyze the pathology in the family. Recently, scholars have started to question the wisdom of this concentration of literature on only one segment of families and individuals, which has created the false impression that all Black families are characterized by disintegration, instability, and pathology (Billingsley, 1968; Hill, 1971; McAdoo, 1975). This approach has perpetuated institutional bias by erroneously utilizing information from one segment of Black population to describe, explain, and make predictions about the total Black population.

Ladner's (1972) criticism of research conducted by sociologists in Black communities also holds true for psychological and therapeutic literature. A majority of these theorists are not Black and have not been a part of Black communities; nor have they understood the many components of Black cultural experience. Thus, their descriptions are often incomplete and insensitive to much of the data presented. Many social scientists, both Black and white, feel that to be sensitive to, and accurate in, the interpretation of family socialization data, one must have experienced the culture as children or as parents.

To have effective therapeutic approaches, models must be sensitive to the cultural group being helped. The models selected are often based upon the conceptions of the typical Black family as portrayed in the social science research and in popular media.

Billingsley (1968) presented four preconceptions often projected of the Black family by social scientists. The first is the tendency to ignore the Black family unit, generally. The second is to focus almost exclusively on the lowest income group of Black families. The third tendency is to ignore the majority of stable Black families, and the processes by which they move from one level to another. The fourth tendency is to view the family as the causal factor of Black difficulties, oblivious to the socioeconomic handicaps that are suffered by the family members.

Qualities that lend themselves to Black family survival and supportive therapies, such as extended families and flexibility of sex roles, were de-emphasized in professional writings until the late 1960's, as they mainly dealt with disorganization of Black communities.

In 1965, Moynihan initiated a faulty large-scale study of the Black family, where he attempted to statistically validate prevailing assumptions that the Black family was disorganized as a result of the negative aspects of the post-slavery period, urbanization, and economic depravation. However, his main thesis was that "at the heart of the deterioration of the fabric of Negro society is the deterioration of the Negro family" (Moynihan, 1965). Moynihan's generalized indictment of all Black families caused social scientists to critically analyze his conclusions. This resulted in several Black researchers (Billingsley, 1968; Hill, 1971; Ladner, 1972; Staples, 1971; McAdoo, 1975) challenging the social scientists to give systematic attention to the presence and function of the Black family unit. These theorists have found that contrary to the disintegrated microcosm portrayed by Moynihan, the typical Black family is one in which husband and wife are living together in an equalitarian relationship (Bernard, 1969; Billingsley, 1968). U.S. Census data covering this same period gives statistical credence to the stability of Black families showing 75% of the families actually living together in two parent units (Hill, 1975).

The view that the poor position of Blacks is self-induced and a natural outgrowth of family pathology has been compounded by the research methods used in studying Black families and children. Research, focusing on those of the lowest income and in greatest psychic distress reinforce the impression of instability and pathology being modal conditions in Blacks. These misleading views have contributed to the difficulty one encounters when attempting to gather information about the functioning Black family, and to examine components of their coping styles that have contributed to the increase in social mobility.

Functional is defined as having the resources needed to socialize Black children to achieve, to maintain a positive view of himself and his group, while at the same time prompting economic and emotional survival, along with mobility for the total family. Case and empirical studies will need to be designed to begin the process of providing data on the characteristics and patterns of Black families that document the increased survival skills. Our concern on socialization for competence in Black children must be viewed in the context of the total family experience.

More and more families experience economic and often geographic changes, causing stresses related to change that is found in all families. However, the Black families have the added burdens of having to socialize their children to be able to effectively manipulate a society that does not reinforce positive evaluations of their ethnic group. In addition to having to cope with the developmental crises faced by all families, the continuing pressures of institutional and personal racism bear heavily on the family.

The reality of the existence of the stable Black family often calls upon resources beyond those available in the nuclear family. In earlier, and often more rural settings, the presence of an extended family structure, a supportive church and community provided these resources. Yet as many families moved into more urban settings, and some into different economic levels, these supports were often missing, while life changes often brought greater stresses. Children were being socialized by adults who themselves were under great stress with no supporting family structure. No comparable resources were available to help the family over the transitional crises so often found in these newer environments. The services that were available are not viewed as sympathetic to the minority experience. Rather

than seek aid from an alien unfriendly community agency, the Black family often turned to their minister. The idea of going to a stranger for therapy during these times of crisis was seldom considered. Community services were often not utilized until a conflict occurred with an institution within the wider community.

Therapists must be acutely aware of the strong functioning and interdependence of family members that exist in Black families, to a far greater degree than in other majority groups. While the white family may utilize a community institution, the Black family turns to their own family or extended family in time of crisis.

The classical theoretical view of the positive impact of the Black extended family, as interpreted by Billingsley and Hill, has been that most Blacks have been able to achieve higher status because of the aid given them by other members of the extended family network. Members within this network may or may not be related by blood or marriage. This view sees that because of the lack of institutionalized societal support for the achievement of Blacks, the entire family and nonrelatives must step in at crucial times to provide support over and beyond that normally expected as part of the socializing functions of the families. The family is therefore seen as a priority-setting mechanism in a society with few priority criteria (Billingsley, 1968; Hill, 1971).

One recurrent example is a family in which the older children leave school early to begin working, while contributing to the educational expenses of a younger child. In this manner, at least one child receives the emotional and financial support needed to achieve. Even after marriage and the arrival of children, the family may provide substantial child care

to allow this one person to be able to achieve. Without this arrangement no one in the family would be able to rise above the poverty level. The success experienced as a result of the cooperative effort of the family is then seen as being reflected onto the entire family of orientation.

A second theory (Stack, 1975; McQueen, 1971) would interpret the above family situation somewhat differently. An emerging view of this type of helping arrangement would point to factors not addressed by the first theory. It would see the saga of the family as not ending with the mutual effort that enabled the one child to reach higher education and social achievement, but extending indefinitely by means of reciprocal expectations, based on the obligations of providing help in exchange for help received in the past. The educated sibling is expected to help his family members as he was aided. He must, therefore, to some extent, limit his professional and social upward movement. His physical, financial, and psychic resources are not able to be solely concentrated on his own professional development or on his family of procreation. His resources must be kept open and fluid to provide financial and emotional help over the trials and frustrations endured by members of his family of orientation, who are still in less fortunate circumstances.

The individual has two alternatives: he must either continue his participation in the obligatory reciprocity stream, or he must isolate himself and his family of procreation from his family of orientation.

McQueen (1971) and Stack (1974) seem to indicate that only by cutting himself off from his family is the Black of poorer circumstances able to raise himself to a more stable level. This isolation does not exclude casual visiting and joint holiday and ritual celebrations. It also does not exclude

support of aging parents or occasional help. It does mean that to some degree, the upwardly mobile Black makes an emotional separation from the draining ongoing everyday needs of his family of orientation. This may account for some of the alienation and antagonism that exists between working and middle-class Blacks. This social class division may be stronger among Blacks than apparently is the case within white families. Probably one of the greatest dilemmas facing the upwardly mobile group is their relationship with Blacks left behind. There is small wonder that upwardly mobile Blacks feel some guilt and ambivalence about fleeing to better neighborhoods. This isolation, while a crucial factor in coping with significant life changes that cause stress, increases the need for supportive therapy that must come from persons outside of the family sphere. Blacks newly arrived in the middle class or fighting to remain at working class status are often too vulnerable economically and psychologically to extend themselves very far from Blacks who have been left behind. There is additional stress caused by both parents being employed in order to stay above the poverty line.

Bringing the Black family to the point of accepting the family therapy process has been particularly difficult. Most therapists have two difficult hurtles: that of being white and coming from the middle class. The therapists' difficulties are multiplied because their training was often based upon faulty literature. A transition is needed between the mental health worker and the Black family.

What the family therapist needs is greater utilization of the new careerists in the mental health field who have the practical knowledge of the people augmented with current techniques of therapy. As with the health

associate who assists the physician, or the paralegal person aiding the lawyer, the therapists need to make use of the new mental health worker. Cohen (1974) felt that these new careerists, with only their associate degrees, could serve as a guide and consultant to the professional, who may have the clinical skills but limited knowledge of minority experiences. Umbarger (1972) sees the new career movement as providing (1) a clinical function needed to relate to minority groups, (2) a therapeutic role that may often be functioning autonomously, while (3) providing vocational mobility for the lay practitioners. The use of new careerists may help break down the resistance to therapy that is often found in Black and other groups. The supportive roles of agencies, provided through individual and conjoint therapy, will need to be re-evaluated in light of our knowledge of the cultural dimensions of therapeutic approaches.

Regardless of which theoretical view one takes of the negative and/or supportive role of the family kin help pattern, the role of the extended family is undergoing change which must be accurately reflected in literature. There needs to be a systematic approach of acquiring the statistical data that will explore the Black personality so that practitioners have an accurate picture with which to form theories and treatment modalities. From more critically accurate literature comes a better educated therapist. In addition, increased use of the health aid careerist as catalyst will precipitate better dialogue. While the needs are great, the services available are often only used by the most prosperous, and society loses in general when family functioning is impaired without aid.

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